



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600
October 15, 2013

VERBAL NOTIFICATION AND CERTIFIED MAIL
7007 1490 0003 4201 5890

Administrator
Clare Bridge of Olympia
420 Yauger Way SW
Olympia WA 98502-8660

Assisted Living Facility License #1693
Licensee: Brookdale Senior Living Communities

STOP PLACEMENT ORDER PROHIBITING ADMISSIONS
IMPOSITION OF CIVIL FINE AND IMPOSITION
OF CONDITIONS ON A LICENSE

Dear Administrator:

This letter constitutes formal notice of a stop placement order prohibiting admissions, the imposition of a civil fine, and the imposition of conditions on the license for your assisted living facility located at **420 Yauger Way SW, Olympia**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in the Laws of 1998, Chapter 272; RCW 18.20.190.

The stop placement order is based on a full inspection completed on October 11, 2013, based upon alleged violations of:

WAC 388-78A-2120(1)(2)(a)(b)(3)(a)(b)(4) Monitoring residents' well-being.

The licensee failed to observe, monitor and evaluate residents' well-being consistent with resident's assessed needs and negotiated service agreement for two residents. This is a repeat violation of deficiencies cited on September 29, 2011, March 13, 2013, and August 5, 2013.

WAC 388-78A-2450(1)(a)(b) Staff.

The licensee failed to provide sufficient trained staff persons to deal with residents who had falls, resident to resident physical altercations, personal care needs, and resident elopement from the facility.

WAC 388-78A-3090(1)(a-e)(i-iii)(2)(a-c)(i-iv) Maintenance and housekeeping.

The licensee failed to provide a safe, sanitary and well-maintained environment for residents; keep the exterior grounds in good repair; and ensure each resident or staff person maintained three residents' quarters in a safe and sanitary condition.

The civil fines are based on the following violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) found by the department at your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on **October 11, 2013**.

WAC 388-78A-3090(1)(a) Maintenance and housekeeping. **\$100.00**

The licensee failed to provide a safe, sanitary and well-maintained environment for residents.

The conditions are based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations found by the department at your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on **October 11, 2013**.

WAC 388-78A-2120(1)(2)(a)(b)(3)(a)(b)(4) Monitoring residents' well-being.

The licensee failed to observe, monitor and evaluate residents' well-being consistent with resident's assessed needs and negotiated service agreement for two residents. This is a repeat violation of deficiencies cited on September 29, 2011, March 13, 2013, and August 5, 2013.

WAC 388-78A-2700(1)(2)(c)(i)(ii)(iii) Safety measures and disaster preparedness.

The licensee failed to ensure the safety of residents, investigate and document investigative action and findings for alleged or suspected neglect or abuse or exploitation, accident or incident affecting a resident's health or life, while under supervision of the facility according to their negotiated service agreement, determine the circumstances of the event, and document appropriate measures to prevent similar future situations if the alleged incident is substantiated and provide protection to the residents during the course of the inspection for six residents.

The department, based on the findings of the inspection, has determined that the following conditions shall be placed on your license:

- *The licensee must hire, at their own expense, an outside RN consultant by October 24, 2013, to review residents who have or are at risk for undesired weight change to assist the facility to evaluate and implement plans to address their healthcare needs related to weight change.*
- *The licensee must hire at their own expense, an outside consultant by October 24, 2013, to review incidents listed in this SOD under WAC 388-78A-2700 and provide training to all staff on conducting complete investigations into incidents of alleged abuse, neglect and exploitation and review the facility's plan to protect residents and prevent recurrence of similar incidents.*
- *The corporate staff of Clare Bridge must set up a meeting with the Department of Social and Health Services Field Manager no later than October 28, 2013, to discuss the plans to keep the facility in compliance.*
- *The licensee must post this Notice of Conditions with the license in a visible location in a common use area.*

Plan of Correction/Attestation

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Joan Pierce, Field Manager
District 3 – Unit C
6639 Capitol Blvd SW
Point Plaza West
Tumwater, Washington 98501
Phone: (360) 664-8428 / Fax: (360) 664-8451

The stop placement order prohibiting admissions to your assisted living facility is effective immediately upon notice to you by telephone on **October 10, 2013**, and certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 18.20.190(4). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your assisted living facility. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Joan Pierce at (360) 664-8428.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement of admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

As provided in RCW 18.20, you may question cited deficiencies identified in the Statement of Deficiencies report and/or this enforcement action through the department's informal dispute resolution process. During the informal dispute resolution process you also have the right to present written evidence refuting the deficiencies.

To request an informal dispute resolution meeting, send your written request to:

Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

The written request should:

- Identify the specific deficiencies and/or enforcement action(s) that are disputed;
- Explain why you are disputing the deficiencies and/or enforcement action(s);
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice and Statement of Deficiencies report.

A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

You may contest the stop placement prohibiting admissions, civil fines and condition on your license by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

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Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$100.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

If payment has not been received within twenty-eight (28) calendar days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) calendar days, the balance due the department will be recovered.

If you have any questions, please contact Joan Pierce at (360) 664-8428.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

cc: Linda Ronco, Compliance Specialist
RCS Field Manager – District 3, Unit C
RCS District Administrator – District 3
HCS Regional Administrator – Region 3
DDD Regional Administrator – Region 3
Washington State Long Term Care Ombuds
Area Agency on Aging, AAA- LMT
Medicaid Fraud Control Unit
Judi Plesha, HCS
HQ Central Files
BAM

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: __Clare Bridge of Olympia__

ADDRESS: __420 Yaeger Way SW, Olympia WA 98502__

DATE REQUEST FAXED: _____ **DATE MAILED:** _____

TO: __Janice Jiles_____, Field Manager, Region __3__ Unit __D__

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Licensee or Designee Signature

Date